

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041694

10231

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

FILED OCT 17 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis, Missouri

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION BARNES HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY
OR
TOWN St. Louis

d. STREET
ADDRESS

St. Louis

(If outside, give location)

4961 Laclede Avenue.,

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

KATE

KRUEGER

4. DATE OF DEATH

Month

Day

Year

Oct.

11.

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/10/1899

9. AGE (last birthday)

64

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Secretary

10b. KIND OF BUSINESS OR INDUSTRY

John Barlow

11. BIRTHPLACE (City and state or country)

Jersey County, Illinois.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charles Krueger

13b. MOTHER'S MAIDEN NAME

Elizabeth Krause

14. NAME OF HUSBAND OR WIFE

Nil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

No

Nil

16. SOCIAL SECURITY NO.

Nil

17. INFORMANT

Russell Roach, Jerseyville, Illinois.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH

3 min.

ARTERIOSCLEROTIC HEART DISEASE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

April 1962

20f. CITY, TOWN, OR LOCATION

Oct. 11, 1963

COUNTY

STATE

21. I attended the deceased from Death occurred at 9:15 PM to Oct. 11, 1963 and last saw her/him alive on Oct. 11, 1963

22a. SIGNATURE

(Degree or title)

FR. Bradley M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

10-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10/15/63

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

Jerseyville, Illinois.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gubser Funeral Home, Jerseyville, Illinois.

25. DATE RECD. BY LOCAL REG.

OCT 14 1963

26. REGISTRAR'S SIGNATURE

Roal Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.